



#SLR _____

MISSOURI SUNSHINE LAW - RECORDS REQUEST

TO: Custodian of Records
City of Manchester
14318 Manchester Road
Manchester, MO 63011

FROM: Name: _____
Please Address: _____
Print City/State/Zip: _____
Phone #: _____
Email: _____

This is a request for records under the Missouri Sunshine Law, Chapter 610, Revised Statutes of Missouri. I request that you make available to me the following records: _____

START: Month/Year _____

END: Month/Year _____

Check (✓) the boxes that apply to your request:

☐ **PAPER COPIES:**

I request that the records requested be copied and sent to me at the following address, and postage will be paid by me.

Address/City/State /Zip: _____

***PREPAYMENT REQUIRED:** 10 cents per page; Audio CD \$3.50

Current average clerical rate applicable to research and compilation: \$18.60 an hour.

You will be notified of the total cost for payment, including postage, if applicable.

****VOLUMINOUS ARCHIVED RECORDS MAY REQUIRE ADDITIONAL RESEARCH TIME AND REQUIRE A DEPOSIT****

MAXIMUM PAYMENT:

☐ If search and copying fees will exceed \$ _____ please notify me before proceeding with the copying process. (Insert the amount you are willing to pay without more information about the documents.)

VIEW DOCUMENTS:

☐ I want to view the documents instead of receiving paper copies. These documents will be viewed in the presence of Manchester personnel, and costs for such processes will be accrued as provided above other than per-page copying charges.

PUBLIC INTEREST:

☐ I believe this request serves the public interest and is not for personal or commercial interest; therefore, I request that all fees for locating and copying the records be waived.

State how this information will be used and why that use is in the public interest:

CLOSED PORTIONS OF RECORDS:

☐ If portions of the requested records are closed, please segregate the closed portions and provide me with the rest of the records.

Signature: _____

Date: _____

☐ If attorney, please furnish the name of your client: _____

☐ If insurance company, please furnish the name of your insured: _____

☐ If related to person named in document, please state relationship: _____

#SLR_____

For Office Use Only

Date Request Received:_____Person Accepting Request:_____

How Request Received:_____Mail _____Fax _____Email _____

Telephone _____Walk-in _____

Fees: Time Charged: \$ _____Cost to Provide Copy \$ _____Receipt # _____

Date Record Provided _____

Place, time & date record available for inspection: _____

Explanation of cause of delay, if applicable: _____

If request is denied, date request forwarded to City Clerk for Denial: _____

Date written statement by City Clerk explaining denial provided: _____